

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10 574193** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			1				
2				1			
3							
4							
5							
6							
7							
8							
9							
10			1				
11				1			
12							
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16							
17							
18							
19			1				
20				1			
21							
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23							
24			1				
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49							
50							
TOTAL IND.		↓	6	↓		↓	
TOTAL DEP.	←		24	←		←	
TOTAL CLAIMS			30				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
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97							
98							
99							
100							
TOTAL IND.		↓		↓		↓	
TOTAL DEP.	←		←		←		
TOTAL CLAIMS							